



Zika virus (ZIKV)

Latin America & Caribbean
 Situation Report #9
 31 October 2016



RESPONSE HIGHLIGHTS

Preventing the spread of ZIKV (Zika Virus), reducing the impact of ZIKV and providing non-clinical Care & Support for children and families affected by ZIKV continue to be priorities for UNICEF. Responding in **32 countries and territories across Latin America and the Caribbean**, UNICEF is working with governments, NGOs and other partners to respond to needs. There is a **focus on the most at risk groups**, namely **pregnant women, women of child-bearing age and their partners, with adolescents** being a another priority group that spans all of these.

Whilst UNICEF continues participating in global efforts aimed at finding a vaccine to ZIKV, in Latin America and the Caribbean, there has been a shift from funds and resources concentrating on preventing ZIKV and its impact (primarily through reducing mosquito breeding sites, personal protection and reducing unplanned pregnancies) to **increasing the proportion of activity focusing on providing adequate non-clinical care & support systems for children with Congenital Zika Virus Syndrome (CZVS)**.

Risk perception of ZIKA remains low in many affected areas, particularly in areas where the mosquito and its associated diseases are seen as a normal part of life. The time-lag for ZIKV's affects to be felt (i.e. when infected babies are born or fail to develop as anticipated) is a further reason why risk perception, and therefore adoption of prevention practices, remain low. Communication for development (C4D) strategies are therefore a crucial part of UNICEF's work, underpinned by qualitative and quantitative research. These strategies will also be adopted to tackle stigma and discrimination associated with children with CZVS.

The greatest and most urgent challenge is related to ensuring continuous funding given that UNICEF Response in LAC is extended until end of 2017.

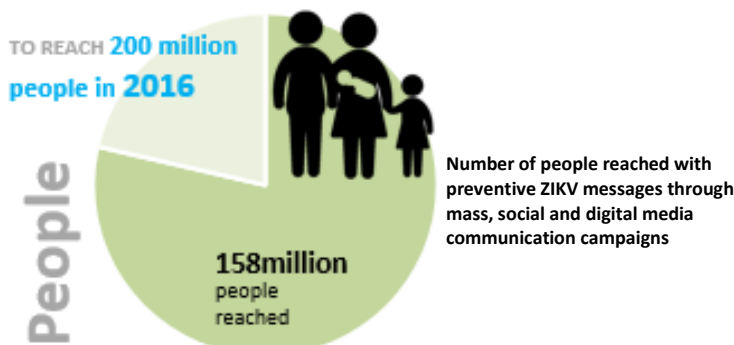
SITUATION OVERVIEW

ZIKV continues to spread: 73 countries around the world report continuing mosquito-borne transmission; **46** of these countries are in the Latin American and Caribbean (LAC) region

Over 679,065 suspected/confirmed ZIKV cases in the LAC region as of 27 October 2016 (PAHO).

49,419 pregnant women infected with ZIKV in 33 LAC countries.

2,163 confirmed cases of Congenital Zika Syndrome reported in **13 LAC** countries. Grenada is the last country to report.



MORE THAN A NUMBER

Photo: Children in El Salvador take part in a march against the *Aedes* mosquito, the main factor in the spread of ZIKV, as part of the education programme supported by UNICEF.

1. EPI UPDATE¹

- To date, **73 countries and territories** around the world report continuing mosquito-borne transmission; **46** of these are in the Latin American and Caribbean (LAC) region.
- 13 LAC countries and territories have reported** confirmed Congenital ZIKV Virus syndrome. Grenada is the latest country to report a confirmed case of congenital syndrome associated with Zika virus infection.

Countries in LAC reporting congenital syndrome associated with ZIKV	Number of confirmed cases to date
Brazil	2,063
Costa Rica	1
Colombia	47
Dominican Republic	10
El Salvador	4
Haiti	1
Honduras	1
Martinique	12
Panama	5
Paraguay	2
Grenada	1
Suriname	1
Guatemala	15
Total	2,163

• **33 LAC countries and territories** have reported confirmed and suspected ZIKV cases in pregnant women: a total of 49,419 suspected and confirmed cases of Zika virus disease in pregnant women were reported.

• To date, **10 LAC countries and territories have reported an increase in the incidence of Guillain-Barré syndrome (GBS)** and/or GBS cases with confirmed ZIKV infection: Brazil, Colombia, Dominican Republic, El Salvador, Guadeloupe, Jamaica, Honduras, Suriname, Martinique, and Venezuela. Costa Rica, Grenada, Guatemala, Haiti, Mexico and Panamá have also reported cases of GBS with confirmed ZIKV infection, but without an overall increase.

• **3 LAC countries** have reported evidence of **person-to-person ZIKV transmission**, probably via a sexual route.

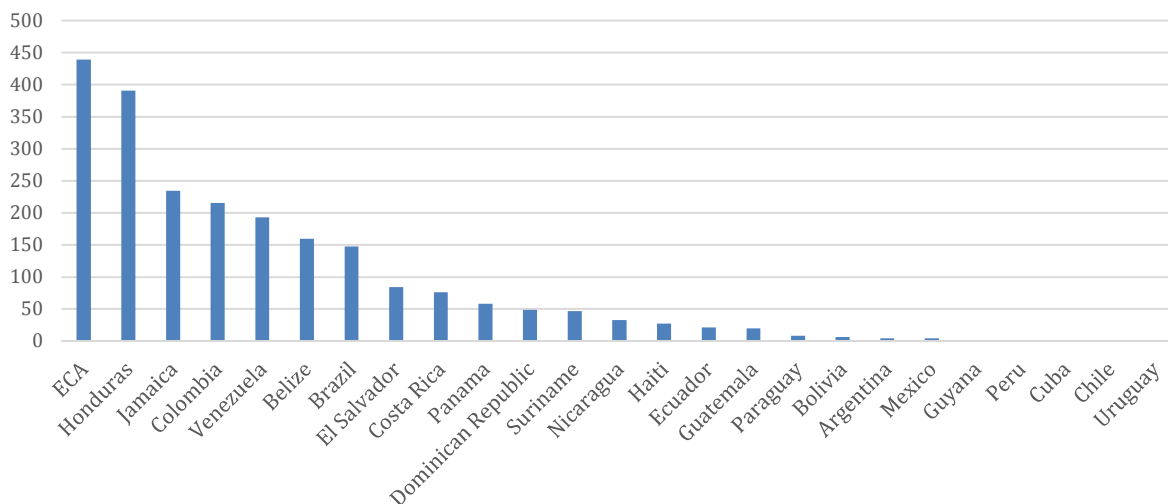
Source: Panamerican Health Organization (PAHO). Regional Zika Epidemiological Update (Americas), 27 October 2016.

Table 1: Cumulative ZIKV suspected and confirmed cases reported by LAC countries and territories (2015-2016)

Suspected Autochthonous ZIKV	Confirmed Autochthonous ZIKV	Confirmed Imported ZIKV
513,466	165,354	245

Source: PAHO/WHO, 27 October 2016.

Graph 1: ZIKV Incidence Ratio by LAC countries and territories as October 27, 2016



Source: Own elaboration based on PAHO/WHO, Situation Reports.

¹ Sources: Panamerican Health Organization (PAHO). Regional Zika Epidemiological Update (Americas), 27 October 2016. Washington, D.C.

(http://www.paho.org/hq/index.php?option=com_content&view=article&id=11599&Itemid=41691&lang=en)

Panamerican Health Organization (PAHO). Zika cases by country (http://ais.paho.org/phis/viz/ed_zika_cases.asp), as consulted on 31 October 2016.

World Health Organization (WHO). Situational Report 27 October 2016. Washington, D.C.

The Dominican Republic, El Salvador, Guatemala and Honduras UNICEF Country Offices have all completed their extended ZIKV Response Plan, in accordance with the Global and Regional Response Plan. Other countries in the region are currently working on developing “ZIKV Response Plans” until December 2017. There is a particular emphasis on non-clinical Care & Support for children affected by CZVS, which corresponds to UNICEF’s institutional priority. This builds on UNICEF’s mandate, comparative advantage and our past experiences, meaning that we are currently uniquely placed to lead this component. This work is in coordination and collaboration with Governments, Civil Society, Pan American Health Organization, NGOs and other actors.

2. REGIONAL ACTIVITIES

2.1. COORDINATION AND LEADERSHIP

- UNICEF LACRO has presented the UNICEF Global Preparedness and Response Plan through a webinar delivered on 21st October. This document gives countries across the region the tools, information and shared experience to plan the 2017 response according to the new UNICEF strategy.
- LAC’s experience and lessons learnt with regards to the ZIKV Response are being documented and shared with other regions where ZIKV is present, specifically West Africa and East Asia Regional Offices. The ZIKV LACRO Team is providing technical assistance to Cape Verde and to East Asia region to finalize their Regional Zika Response Plans based on the lessons learned and experienced gathered in Latin America.
- UNICEF is sharing the lessons learnt in the ZIKV Response via several coordination platforms. UNICEF participates in the monthly Zika Communication Network Advisory Board. A general overview focused on C4D strategy in ZIKV Response has already been shared. This overview consists of the initial learnings from UNICEF’s experience in 32 countries and territories through 22 country offices.
- In Habana-Cuba, PAHO and the Ministry of Public Health of Cuba, invited UNICEF, health leaders, Universities and research institutes from countries of the Americas to discuss and agree on a series of actions to monitor, diagnose, treat and control arboviruses, a group of mosquito-borne viruses that includes Zika. UNICEF proactively shared the experiences from the interventions in 32 Country offices and advocate for a rights based approach for children and families affected by Congenital ZIKA Virus Syndrome, which requires an integrated multi sectorial approach. http://www.paho.org/hq/index.php?option=com_content&view=article&id=12641%3Ahealth-leaders-discuss-action-against-mosquito-borne-viruses-zika-dengue&Itemid=1926&lang=en
- As part of the Global Integrating Community Health Programme APS of USAID, an addendum to ZIKA response was agreed and 6 INGOs will implement ZIKA community activities in Colombia, Peru, Ecuador, Honduras, El Salvador, Nicaragua and Guatemala. UNICEF LACRO has been tasked to facilitate “coordination and technical support” to the INGOs in the above mentioned countries and several meetings have already taken place to ensure this role.

2.2. TECHNICAL SUPPORT & CAPACITY BUILDING

- The 2nd phase of the UNICEF ZIKV Response has been developed using the theory of change model. The Integrated Response Model is a technical note from which countries in the region can orientate their planning process. The webinar on 21st October supported this document.
- Guatemala, Honduras, El Salvador and the Dominican Republic have all consolidated their Response Plan strategies. Guidelines for monitoring and evaluating the ZIKV Response has been elaborated. Monitoring and evaluation is a key line of work that cuts across all activity in the Response, in order to generate evidence and to create models from which to work from.
- Cuban health officers, including decision makers, were trained on Monitoring and Evaluation as well as C4D principles and how its different communication approaches can contribute to achieve individual behavior change and mobilize community response regarding Zika prevention actions. These C4D concepts will feed the National Zika Risk Communication Plan of the Government of Cuba, through a campaign focused on high risk groups called “Cuida tu sueño”.
- Technical support was provided for a regional event/conference in Belize City on children with disabilities. At this event, UNICEF and PAHO presented information on ZIKV and its impact on children and families. The event and preceding technical workshop on the care and support for children and families with ZIKV was coordinated with PAHO/WHO, the Ministries of Health, Education and Human Development and the Special Envoy for Women and Children in Belize.

- Education is a hugely important part of C4D strategies for ZIKV prevention not only with regards to vector control, but also with regards to sexual and reproductive health. It is equally as important for the care and support to families with children who have Congenital Zika Virus Syndrome. Ensuring an adequate education component in plans, including the four completed plans of Honduras, El Salvador, Guatemala and Dominican Republic was therefore important.
- Several education fact sheets are being developed, based on the mapping of existing experiences. These fact sheets will present experiences like working with schools in the Departments of Beni and Santa Cruz, Bolivia; the early intervention programme for special education in the Ministry of Education of Peru; the online training of school teachers in Honduras; and the enter-educational website with video clips of famous Brazilian artists singing.
- A vector control Specialist has joined the team in NYHQ to support all the regions. LACRO team is working closely with him sharing the lessons learnt, the new approach for ZIKV Response and identifying the aspects to be reinforced in vector control for UNICEF Response in LAC.

2.3. INFORMATION AND KNOWLEDGE MANAGEMENT

- The integrated Response Model has been developed using existing technical notes (about vector control, care and support, education, risk communication and community engagement). These technical documents have been disseminated for supporting response at country level and shared with Asia and West Africa regional offices.
- Through participation in a PAHO/WHO technical meeting on psychosocial support, rehabilitation, and clinical management of neurological complications related to ZIKV infection, UNICEF inputs were provided for the guidelines / recommendations for rehabilitation of cases of Congenital Zika Virus syndrome and preparation of training strategies, while gaining a better understanding of global and regional initiatives.
- UNICEF LACRO is mapping education projects and experiences both with regards to preventing ZIKV and care and support programmes. There are important experiences in Bolivia, Brazil, Colombia, El Salvador, Guatemala, Honduras, Jamaica, Peru and Dominican Republic. This mapping follows a protocol that includes objectives, methodology and approach both within school-based and community-based education. These mapping exercises will enable UNICEF LACRO to share experiences and best practice with regards to using education for prevention and care and support activities. In addition, UNICEF LACRO is working to create and validate an online tool to understand how different education processes work in different countries with regards to ZIKV.

2.4. RESOURCE MOBILIZATION

- A visit was made by UNICEF LACRO to the UK NatCom whereby a presentation on ZIKV, UNICEF's work and the resource requirements (funding, partnerships and profile) was given. Individual meetings with teams have taken place to see if the UK NatCom can support the ZIKV Response.

3. PROGRAMME RESPONSE AT COUNTRY LEVEL: ACTIVITY 25 SEPTEMBER – 25 OCTOBER

3.1 INTEGRATED RESPONSE ACTIVITIES

Detection

Situation: With just 1 in 5 people presenting symptoms of ZIKV, timely, accurate and effective testing of the virus, particularly for women of child-bearing age and those who are pregnant, is hugely important to ensuring an adequate and timely ZIKV response. UNICEF's role is to create demand for diagnostics (which is then delivered by partner organizations) through raising awareness of ZIKV and its potential impact. This diagnostic relates to ZIKV detection, but also testing newborns with suspected ZIKV infection.

As the spectrum of congenital disorders associated with ZIKV are being uncovered, it seems likely that some babies will present signs of Congenital Zika Syndrome after they are born. Therefore, advocating for early and continued developmental monitoring and hearing/visual screening of babies born in areas of high risk of ZIKV from mothers with confirmed/suspected ZIKV infection is crucial so that the impact on children of CZVS is detected at the earliest possible moment, allowing for provision of family-based early intervention. Early intervention is critical to guarantee that the child has the best chance of full development.

In detection is important to increase the risk perception. The first barrier in detection is if person identify symptoms, knows impact of ZIKV and visit health centers. UNICEF is strongly supporting the ZIKV Response in countries to improve Risk Perception and break this first barrier.

It is worth noting that health systems across Latin America and the Caribbean vary widely, and UNICEF's response must take this into consideration. Peru is able to demonstrate region by region the Aedes index. Honduras and Mexico are also reporting at a detailed level. Equally Brazil, whereby it's recent testing of dengue vaccines demonstrates its capacity undertake large scale activities of this nature. On several countries detection system needs to be reinforced.

Response: Levels of detection continue to vary widely across the Latin America and Caribbean region, and UNICEF has a key role in advocating the Ministry of Health in ensuring adequate detection and diagnosis, and increasing the Risk Perception about ZIKV of Population to break the first barrier of detection and diagnosis. In Nicaragua, UNICEF is working towards strengthening the knowledge and skills of health personnel with responsibilities in the Child Development Surveillance Programme by increasing capacity in early diagnosis and management of potential neurological cases. This mirrors activity in Argentina, where UNICEF has supported a programme to increase surveillance on ZIKV infection amongst pregnant women and also Congenital Zika Syndrome in infants, whilst in Jamaica, work is underway with the Ministry of Health to redesign training books for those delivering babies to take into consideration congenital syndromes such as microcephaly. In the Dominican Republic, UNICEF is promoting specific epidemiologic investigations on the birth records for neurological complications as well as cohort studies on babies without Congenital Zika Syndrome, starting from at risk women, for adequate psycho-motorial development monitoring in order to allow proper follow-up to families from health sector. UNICEF is using ZIKV to provide the opportunity to challenge and improve the status quo of health systems for new-borns with disabilities beyond CZVS.

Prevention

Situation: With over 650,000 suspected/confirmed cases of ZIKV in the region, and the knowledge that this number is likely to be much higher due to underreporting and difficulties with detection as highlighted above, prevention of ZIKV is key. For UNICEF there are two key areas of prevention. The first is to prevent the spread of ZIKV. This is achieved through vector control at both a state and community level, personal protection (long sleeves, insect repellent etc.) and through curbing sexual transmission of the virus. However, it is widely acknowledged that it is almost impossible to fully prevent the spread of ZIKV. Therefore, the second area is to prevent the impact of ZIKV. This is achieved through reducing unwanted pregnancies, which whilst not reducing the number of people infected with ZIKV, reduces the chance of Congenital Zika Syndrome.

Response: Integrated and multi-sectoral approach is a key element of UNICEF's prevention strategies in Latin America and the Caribbean. In, Belize and Ecuador opportunities to link ZIKV prevention with WASH programmes have been utilized, in Colombia the targeting of schools has been chosen in part due to where existing strengths and capacity to deliver programmes lie, whilst many countries are closely linking health and education activities to ensure a fully integrated approach.

Communication for Development (C4D) strategies underpin UNICEF's approach to preventing ZIKV. From schools, health centres and community groups UNICEF advocates for behavior change across the region. Some countries such as Nicaragua, Jamaica, Colombia and Argentina have organized UNICEF supported Clean Up weeks, whilst in Peru and Mexico, communication has been decentralized and local, community and indigenous TV and radio channels have taken precedence in order to reach more vulnerable groups. Social media is being used in countries such as Ecuador to further compliment community based strategies.

Activities in schools are reported as taking place in Dominican Republic, Eastern Caribbean, Argentina, Cuba, Honduras, Mexico, Ecuador and Colombia. In Honduras, UNICEF has worked with the relevant ministries to train 1,170 directors of education centres and teachers around prevention of ZIKV. This has been augmented with the distribution of 50,000 education kits for children and parents. In Mexico, 87,000 guides supported by UNICEF have been distributed through community health workers in 10,000 schools, and an online version is also now available. Similar education guides are being created in Dominican Republic whilst in Colombia teachers have been trained by UNICEF in prevention techniques. Education doesn't just refer to education in schools, in Ecuador for example, UNICEF has been involved in developing a story book as well as an educational play which engages young people in key prevention activities, whilst in Barbados and the Eastern Caribbean work is underway on a edutainment video on vector control for primary school children.

Health centres are a further key area for UNICEF's prevention work. UNICEF has supported the Ministry of Health in Venezuela, Colombia and Cuba to design and distribute materials to health professionals as part of C4D plans. Training of staff and capacity building is also crucial, in Argentina, an online training to health care workers has been developed, whilst in Colombia and Ecuador training of health professionals has taken place. The Cuida tu Sueño campaign in Cuba not only promote healthy behaviour and preventative care but also early diagnosis of ZIKV in pregnant women and women

of child-bearing age. This link between prevention and care and support activity is an area of focus for UNICEF to ensure a fully integrated process for those affected.

Vector Control activities work best when performed at a national, regional and community level. In Brazil, the government has a national plan to visit all registered properties searching for mosquito breeding sites and this is coupled with UNICEF Brazil training over 3,200 people from 991 municipalities in vector control measures. In Colombia, the national meeting on illnesses transmitted by vectors and zoonosis (illnesses transmitted by animals to humans), was supported by UNICEF and the Colombia team gave a presentation alongside the MoH on its integrated strategy and methods of strengthening work in key departments.

Sexual health is an ever growing area of UNICEF's work with regards to ZIKV prevention. In Argentina, UNICEF has ensured ZIKV is on the agenda of the Sexual and Reproductive Health National Program in the most affected provinces Provincial Programs. The aim is to deliver information to key populations, counselling to pregnant women and offer of long term contraceptives to reduce the impact of ZIKV in communities. In Ecuador, UNICEF has delivered kits to pregnant women who were also trained in the prevention and control of the virus through personal protection and vector-control efforts. The Zika kit includes an impregnated mosquito bed net, which is washed on site to prevent allergic reactions, 3 mosquito repellents, 3 condoms, a scrubbing brush to clean the water tank, a hand fan with key messages and complementary communicational materials. In Brazil and Cuba, the government is ensuring it has relevant advice for travelers to and from the country, to help tackle the spread of ZIKV outside of the region.

Care & Support

Situation: With over 2000 babies born with Congenital Zika Syndrome since 2015, and evidence showing there may be more children with a wide spectrum of conditions as a result of ZIKV infection, improving and building on existing support systems is a further priority for UNICEF. It is worth noting that the Pan American Health Organisation (PAHO/WHO), CDC, and others have changed its terminology from talking about microcephaly to Congenital Zika Virus Syndrome in order to encompass the wide variety of additional congenital abnormalities babies may face. UNICEF is following this terminology.

There is still a large concentration of affected babies in North-East Brazil, but 14 countries are now reporting confirmed cases of Congenital Zika Virus Syndrome. Since the last Situation Report, Guyana is a new country that has confirmed cases. As with prevention and detection, current systems vary from country to country, and UNICEF's response in each country therefore reflects need and capacity.

UNICEF's non-clinical Care and Support activity focuses on ensuring psycho-social support for families affected, at each moment of detection, diagnosis and orientation, within health services and guaranteeing support for early intervention and home care (rehabilitation) to promote an early development of the child, inclusion, and address anti-stigma and discrimination. There is also a line of work dedicated to ensuring a positive first communication between (or orientation by) health professional and family when parents receive the first news that their child has one or multiple congenital disorders included in what is considered as Congenital Zika Syndrome.

Response: Working within and reinforcing existing systems for care and support of children with disabilities is part of UNICEF's strategy to ensure the sustainability of intervention. In Brazil, for example, UNICEF continues to build on past and present experiences with municipalities to deliver an expanded effort, adding additional psycho-social components to existing programmes and ensuring community health based interventions (Redes de Inclusao project). In Nicaragua, UNICEF is looking to prioritize care and support for family at community level as part of its current activity with the Ministry of Health, and in Jamaica, clinicians in the public and private sector have been trained in the updated clinical management of mother and child guidelines which now include a psycho-social component. Honduras is investigating using universities as a way to improve its psycho-social support by training psychotherapy students to help train a critical mass of relevant professionals who can then work in communities.

Ensuring ZIKV is part of Early Child Development programmes and activities is crucial. In Suriname, UNICEF is ensuring the development and implementation of the ECD module of children affected by ZIKV, whilst in Guyana, the ECD training programme for health works is currently underway with UNICEF support. In Dominican Republic a mapping exercise is being undertaken as part of a UNICEF project, to see where partners are to ensure an Integral Attention to Disabilities approach. In Belize, two related actions were undertaken related to rights and childhood disability – with the incorporation of Zika related responses, including: a Regional Meeting on children with disabilities (promoted by the First Lady as Special Envoy for Women and Children in Belize) and one-day technical workshop on family care and support responses at the neonatal stage for families and children affected with ZIKV.

In Guyana, over 40 health care professionals and health volunteers have been trained in psycho-social support for families affected by ZIKA, while in Brazil, the kit to support the stimulation of child development at home and at school which has been developed alongside UNICEF, is being validated by women and mothers.

In countries where care and support activities are not yet being implemented UNICEF is advocating for increased care and support activity as part of plans. In Bolivia, UNICEF is in the process of putting together a guide for children with Congenital Zika Syndrome, whilst in Belize, Peru and Nicaragua UNICEF is reviewing its plan alongside the Ministry of Health with a particular emphasis on care and support.

Research

Situation: It is critical that all UNICEF interventions are based on solid research so that appropriate plans and strategies are in place. This research is partly on information around ZIKV itself, but also around knowledge, attitudes and perceptions of risk and of ZIKV, in order to be able to develop appropriate behavior change approaches. UNICEF works in partnership with other organizations in order to undertake and deliver this research, and shares appropriate findings with partners, governments and other NGOs.

Response: As UNICEF works more in the sphere of non-clinical care and support, there is also an increase of research in this field. In the Dominican Republic, UNICEF has worked with DIGEPI, the National Surveillance System about care and support needs, working on specific investigations for the review of the national register and proper follow-up of families affected by Congenital Zika Virus Syndrome. At the same time qualitative research for at risk women and health personnel is being implemented, with DIGPRES, on ZIKV neurological complications and disabilities. These studies, and others in the pipeline, ensure a well-tailored and targeted strategy.

KAP baseline studies are being implemented in Cuba, and data is currently being collected in close collaboration with ProSalud, the chosen partner of UNICEF for this programme. In Colombia, the KAP study results are due shortly, and will help determine the next steps for the ZIKV prevention strategy.

U-Report is also being utilized as a tool to find out information, and to validate or counter existing perceptions. Plans are underway to increase the use of U-Report across Dominican Republic, Honduras, Guatemala and El Salvador, which will increase UNICEF and partners' knowledge in real time. Areas of interest are Zika prevention and mitigation, stigma and discrimination reduction on disabilities, violence, abuse as well as early pregnancy prevention for adolescents, access to sexual health information and services, among others.

Coordination

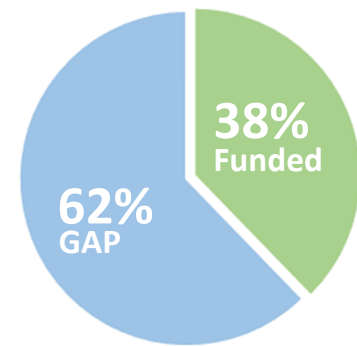
Situation: UNICEF works hand in hand with government, PAHO, partners and community groups to design, plan and deliver its strategies. Across Latin America and the Caribbean, UNICEF is working alongside Ministry of Health, Ministry of Education and the Ministry of Social Inclusion (or its equivalent) in most countries, building on existing government priorities. Coordination is a key component of our work, and UNICEF often takes the lead or co-lead alongside PAHO in this line of work, to ensure no duplication or gaps in activity. Mapping partners and activities, taking a lead in meetings, organizing sharing of information forms a part of this role. In some countries UNICEF already leads existing coordination systems (such as in Ecuador post-earthquake, or for the WASH programme in the Dominican Republic) and so integrating ZIKV into these coordination systems is the preferred course of action.

Response: UNICEF, in its role supporting government, supports the coordination of activity through multiple mechanisms. In Colombia UNICEF leads the coordination between the four main actors in the response plan which are the Ministry of Health, Ministry of Education, World Vision and Plan for the social mobilization being carried out at school and community levels. In Guyana, UNICEF forms part of the UN Emergency Technical Team (UNETT) which is engaged in planning for ZIKV activity until the end of 2017. In the Dominican Republic, UNICEF coordinates a host of partners across the health sector and community response in order to provide an integrated response for affected families. In Honduras there is a coordination group lead by UNICEF involving MoH, MoE and NGOs, among other stakeholders.

Helping the coordination of meetings, seminars and workshops is reported in Dominican Republic, Belize, Brazil, Argentina and Honduras. In Belize, UNICEF supported a regional conference on children with disabilities as well as working with Belize's first lady for a special envoy for women and children in Belize. In addition, the mapping of partners and projects is another role of UNICEF. In Honduras, mapping of experiences and communication about ZIKV is taking place in the country, whilst the Dominican Republic (as mentioned above) is mapping partners working with children with disabilities. Close collaboration and coordination with partners is a continuous role for UNICEF as part of its response.

4. FUNDING

Activity	Funding Received (US\$)	Funding Gap (US\$)
Contribute to early diagnosis of ZIKV infection and complications through advocacy and awareness raising	6,371,433	10,588,567
Prevent ZIKV through informing and engaging communities		
Mitigate the impact of ZIKV on children and families		
Contribute to research on effectiveness of prevention measures		
Coordinate actions across sectors to support the national government response		
Total requirement (\$US)	16,996,000	



There is no change in the status of funds. As previously highlighted, there is a budget cliff for 20 countries in the region that have not received direct funding (all countries minus Dominican Republic, El Salvador, Guatemala and Honduras). There remains an urgent need to bridge this funding gap in order to prevent the impact of ZIKV on children and families in Latin America and the Caribbean.

5. MONITORING AND EVALUATION

Area of work	Indicators	Reached	Change since last report
Prevention of ZIKV transmission through community engagement and communication for development (C4D)	Public Outreach Number of people reached with preventive ZIKV messages through mass, social and digital media communication campaigns.	158,433,054	▲
	Community Engagement Number of departments/municipalities in the region reporting the implementation of communication strategies for individual and community empowerment for control and prevention of ZIKV.	1,342	=
	Number of families reached with social mobilization and interpersonal communication ZIKV prevention sessions.	226,976	▲
	Child and Adolescent engagement Number of children and adolescents participating as agents of social mobilization at community level.	129,954	▲
Personal protection, in particular for Pregnant and Lactating Women (PLW) and adolescent girls of childbearing age.	Number of pregnant women who have benefited from UNICEF-supported interventions to prevent ZIKV infection.	31,316	▲
	Number of students enrolled in schools where ZIKV UNICEF-supported interventions activities are implemented.	255,660	▲
Vector control (reducing breeding sites/vector density) through C4D activities and national capacity development of government institutions and NGO partners.	Number of people who have benefited from UNICEF-supported environmental management interventions.	224,382	▲
	Number of people whose districts implement active vector control programs supported by UNICEF.	224,382	▲

6. IDENTIFIED CHALLENGES

The greatest and most urgent challenge is with regards to the funding gap that the majority of countries in the region will face in the next couple of months. Aside from Dominican Republic, El Salvador, Guatemala and Honduras the existing funds will run out before the end of 2016. This budget cliff needs immediate and urgent addressing.

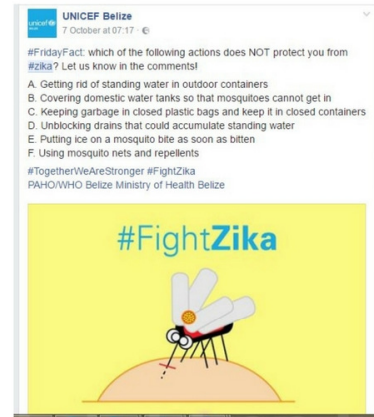
The low risk perception of ZIKV and the fact its impact is not felt immediately brings two separate challenges. Firstly, there is a challenge with regards to those at risk of ZIKV and its consequences not adopting appropriate prevention and personal protection methods, but also there is a challenge with regards to the ZIKV Response plan being a priority for governments, donors and decision makers. It is part of UNICEF's work to keep ZIKV in the spotlight as long as it is required.



In El Salvador, UNICEF is continuing to work with **pregnant women** to talk about how to prevent ZIKV as part of their online campaign.



In Belize, **social media**, including Facebook, continues to be part of plans to get messages out to at risk groups



In Peru, pregnant women and women of child-bearing age are learning about **preventing ZIKV** and its impact in Loreto.



In Mexico, social media is being used to keep the conversation about ZIKV in the public domain. Here, UNICEF is posting about the vaccine trials.

Honduran school children hold up posters about preventing ZIKV which form part of the **education programme** being rolled out nationally



Venezuela is concentrating its efforts on **eliminating mosquito breeding sites**.



Photo credits Top left © UNICEF/2016/El Salvador Bottom right: © UNICEF/2016/Honduras Middle left: © UNICEF/2016/Peru

**Who to contact for
further information:**

Carlos Mancilla
LACRO Zika Regional Advisor
LACRO – Panama
Tel. +507 6618 2463
cmancilla@unicef.org.

C. Douglas Reimer
Regional Chief of Emergency
LACRO - Panama
Tel. +507 301-7484
dreimer@unicef.org

LACRO ZIKV Team
mdeleon@unicef.org
dsimon@unicef.org
rgnunez@unicef.org
jlainez@unicef.org
glumpkin@unicef.org
vmaskell@unicef.org
mtello@unicef.org
mdouglas@unicef.org

Andres A Lopez
Regional Chief of
Communication
LACRO - Panama
Tel. +507 301-7484
aalopez@unicef.org

Stefan Stefansson
Regional Chief of Partnerships
LACRO - Panama
Tel. +507 301-7489
sstefansson@unicef.org

